



STATE OF MAINE
Department of Public Safety
Liquor Licensing
164 State House Station
Augusta, Maine
04333



ON PREMISE TRANSFER APPLICATION

The undersigned, who is the holder on an On Premise Liquor License under the provisions of Title 28-A MRSA Section 605 hereby respectfully requests that said license be transferred from his present location:

TO: _____ Street Address

_____ Street Address

Both premises being within the same municipality of:

_____ City/Town

Has the premises for which the transfer is requested been licensed by the Department of Human Services?

Yes ☐ No ☐

How many feet to the nearest school, school dormitory, church, chapel or parish house? _____
Which of the above is nearest? _____

Permanent License #: _____ Expiration Date: _____

Name of Business: _____

Contact Person: _____ Requested Transfer Date: _____

Telephone Number: _____ FAX Number: _____

Dated at: _____ On _____, 20____
City/Town, State Date

Signature of Individual(s), or Duly Authorized Officer(s) of
Corporation, or if Partnership, by Members of Partnership

STATE OF MAINE

Dated at: _____, Maine _____ ss

City/Town County

On: _____

The undersigned being: Municipal Officers ☐ County Commissioners ☐ of the

City ☐ Town ☐ Unincorporated Place ☐ of: _____

OnPremTransApp/2008

Office Located at CENTRAL MAINE COMMERCE CENTER 45 Commerce Drive Suite 1, AUGUSTA, ME 04330

(207) 624-7223 and 624-7224 Licensing and Inspections

(207) 287-3424 FAX

(207) 624-7230 Referrals and Training